

REMARKS/ARGUMENTS

This paper is responsive to the Final Office Action mailed on February 27, 2008, in the above-captioned application. The Final Office Action has been carefully reviewed, claims 1- 33 have been canceled without prejudice or disclaimer, and new claims 34-50 have been added. No new matter has been added.

Rejection of Claims 1-15 under 35 U.S.C. § 103

Claims 1-15 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Lash (2001/0020229) in view of Trusheim et al. (U.S. 6,385,589) and further in view of Boyko et al. (Canadian Patent Application No. 2,216,681) (and additional references as to claims 12-15).

However, these claims have been canceled, and withdrawal of this rejection is respectfully requested.

New Claims 34-50

Applicants submit new claims 34-50 to better clarify the scope of the present invention as well as the differences between the present invention and the prior art references of record.

New independent claims 34 and 42 and 43 respectively recite a method or system for targeting one or more high-risk members of a population in which some members of the population have no diseases or health-related conditions, some members have one disease or health-related condition, and some members have multiple diseases or health-related conditions. The claims require that a predicted future healthcare utilization score is stored for each member of the population, wherein the utilization score for all members of the population is calculated using a single predictive equation, wherein the utilization score for each member is calculated based upon the presence or absence of diseases and health-related conditions in the health-related data stored for the member, and wherein the utilization scores for the members are calculated to enable identification of one or more high-risk members of the population irrespective of the members' particular diseases or health-related conditions. A plurality of risk factors, top medical episodes, or intervention flags are stored, wherein the risk factors or intervention flags are

defined to enable identification of member attributes amenable to intervention irrespective of the member's particular diseases or health-related conditions. One or more high-risk members having a utilization score that exceeds a threshold value are identified, and a data set including the health-related data stored for each high-risk member is compiled, wherein one or more of the stored intervention flags, risk factors or top medical episodes may be assigned to each high-risk member based upon the high-risk member's health-related data. One or more intervention members are selected from the group of high-risk members based upon the intervention flags, risk factors or top medical episodes assigned to each high-risk member; and an output file is generated including each intervention member, the health-related data stored for each intervention member, and the intervention flags, risk factors, or top medical episodes associated with each intervention member.

This combination of features and functionality is not taught or suggested by any of the prior art references of record, either alone or in combination. The differences between the methodology reflected in new claims 34-50 is discussed in the attached Declaration of Gerald L. Lutgen, who is one of the inventors of the present application. Claims 34-50 are believed to be patentable over the art of record.

Supplemental IDS

A Supplemental IDS has been filed herewith to bring to the attention of the Examiner prior art that was cited recently in co-pending patent application Serial No. 09/635,911, which is incorporated by reference in the present application on page 6 of the specification.

CONCLUSION

This response is filed concurrently with a Request for Continued Examination and therefore should be entered in the present application.

This application now stands in allowable form and reconsideration and allowance is respectfully requested.

Respectfully submitted,

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